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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/437,146 12/31/2002  
 and claims benefit of 60/482,775 06/27/2003  
 and claims benefit of 60/503,546 09/17/2003  
 and claims benefit of 60/518,317 11/10/2003

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY ICELAND	MA 1-31-06 SHEETS DRAWING 10	MA 1-31-06 TOTAL CLAIMS 20	MA 1-31-06 INDEPENDENT CLAIMS 2
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TITLE  
 Wound dressing

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )